

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38579

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. 05326-50   |  | REG. DIST. NO. 381  |  | PRIMARY REG. DIST. NO. 4515   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Sullivan</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Milan</b>   |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Milan</b>  |  | 0   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Simpson Hospital</b>  |  |   |  | d. STREET ADDRESS (If rural, give location)   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOANNE</b>  |  | b. (Middle) <b>PHYLLIS</b>  |  | c. (Last) <b>JONES</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 5 1950</b>                           |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>  |  | 8. DATE OF BIRTH <b>12-4-50</b>   |  |
| 9. AGE (In years last birthday) <b>1</b>   |  | 10. MONTHS <b>1</b>   |  | 11. DAYS <b>1</b>   |  | 12. HOURS <b>1</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired)<br><b>none</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>0</b>  |  |
| 13a. FATHER'S NAME<br><b>H. C. Jones</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rhea Donaldson</b>  |  | 14. NAME OF HUSBAND OR WIFE   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)  |  | 16. SOCIAL SECURITY NO.<br><b>00</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Rhea Donaldson</b> ADDRESS<br><b>Milan Mo.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c).<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Premature birth (6 Mo.)</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 1/2 hrs</b><br><br><b>7625</b>             |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>12-4</b> , 19 <b>50</b> , to <b>12-5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-5</b> , 19 <b>50</b> , and that death occurred at <b>6:00A</b> m., from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Joseph E. Harris</b>  |  |   |  | 23b. ADDRESS<br><b>Milan, Missouri</b>  |  | 23c. DATE SIGNED<br><b>12-5-50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Buried</b>   |  | 24b. DATE<br><b>12-6-50</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Jenkins</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Browning Mo.</b>                |  |
| DATE REC'D BY LOCAL REG.<br><b>Dec. 8-1950</b>   |  | REGISTRAR'S SIGNATURE<br><b>Mrs. H. B. Harris</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wade Funeral Home</b>  |  | ADDRESS<br><b>Browning, Mo</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 11 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-2  
Date Filed: DEC 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not

Student Embalmer No. ....

working under my personal supervision.

Signed

Herald I. Wade

Signed .....  
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.